										Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  09/837607														7		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY					
TOTAL CLAIMS					•			RA	ΤE	FEE		RATE		-EE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	77	70.00		
TOTAL CHARGEABLE CLAIMS			minus 20=		•			xs	9=		OR	X\$18=				
INDEPENDENT CLAIMS			minus 3 =				-	X4	3::		OR	X86=	_			
MUL	TIPLE DEPEND	ENT CLAIM PR	ESENT		<u> </u>			. 14	15		ОН	(290)				
* If the difference in column 1 is less than zero, onter (i) in column ?											OR	TOTAL				
	CL	OTHER THAN SMALL ENTITY OF SMALL ENTITY														
<del></del>	<del></del>	hasar te	<del></del>	11	<del></del>	1	7	[			1	!		STEET		
₹ ¥		HOT IN		tertin Et ab	0.1.			147	.11	HONAL FEE		16411		ioral E <del>g</del> e		
AMENDMENT	Total	AMENDMENT	Minus	2	4	/ . –		NS.	9_		OR	Z\$18				
MEN	Independent	[	Minus		3	. / .		X4	3.		OF	X86=				
M	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1.1	45=		OF	+290=	$\  \cdot \ $			
									OTAL FEE	1	OF	TOTA ADUIT FÉ	<u>u.</u>			
0	OF (Column 1) (Column 2. (Column 3)									L						
NT B	4/23/05	CLAIMS HEMAPHING AFTER ALIEUDLENT		HIGH NUM TP://T	EST BER OUSE	PRESENT		12	,1: <sup>-</sup>	ADDI TIONAL FFE		RATE		ADDI- FONAL FEE		
AMENDMENT	Total	· 10	t Anson-	· 2				X.	s, 14		191	d (\$18	┧.			
MEN	Inaspendent	· 2		••• (	<u>3</u> _	1.	4	×	લંગ્ર-		]}	R X86=				
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								45		o	R +290				
		•				•		iann	FUIA IT FO	L	J٥	R ADDIT I	AL EE			
(Column 1) (Column 2) (Column 3)																
AMENDMENT.C		CLAIMS REMAINING AFTER AMENDMENT	·	PREV	HEST MBER NOUSLY O FOR	PRESENT EXTRA		H	ΛIË	AUÜI- TIONA FEE		RAT	F	ADDI- TIONAL FEE		
	Total	4	Minus	**		. =		\ \ \ \ \ \	( <b>\$</b> 9=			R X\$11	B=	•		
MEN	Independent		J	444					(43 <u>=</u>	1.	$\int_{0}^{\infty}$	)R X86	i=			
I	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	145=	1	٦,	R +29	)=			
1.	If the entry in colu	mn 1 is less than	the entry in column	n 2. w	ite "O" in	column 3.		ـــا	TOT	AL .		,, L <sub>TC</sub>	TAL			
	If the Highest Nu	mber Previously F	Paid For IN THIS	SPACE	- 13 1622 1	nan zoemer	20. 3.	ADI	OIT. FE		_	ADUIT.				
	If the "Highest Nur The "Highest Nur	nber Previously P	aid For" (Total or Ir	ndeper	ndenl) is l	ine nignest nu		. wund						COMMERC		

FORM PTO-875 (Rev 10:03)